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Bib Data Sheet

CONFIRMATION NO. 5818

| SERIAL NUMBER<br>10/526,653   | FILING OR 371(c)<br>DATE<br>11/01/2005<br>RULE  | CLASS<br>514               | GROUP ART UNIT<br>1614   | ATTORNEY<br>DOCKET NO.<br>124269/00009/0074 |
|---|---|----------------------------|--|---|
| <b>APPLICANTS</b><br>Wen-Cherng Lee, Lexington, MA;<br>Mary Beth Carter, Arlington, MA;<br>Lihong Sun, Arlington, MA;<br>Claudio Chuaqui, Somerville, MA;<br>Juswinder Singh, Ashland, MA;<br>Paula Boriack-Sjodin, Waltham, MA;<br>Michael J. Choi, Cambridge, MA; |   |                            |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/27721 09/05/2003<br>which claims benefit of 60/408,812 09/06/2002  |   |                            |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                            |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged          |   | STATE OR<br>COUNTRY<br>MA  | SHEETS<br>DRAWING  | TOTAL<br>CLAIMS<br>48                       |
| Examiner's Signature _____ Initials _____   |   | INDEPENDENT<br>CLAIMS<br>1 |  |   |
| <b>ADDRESS</b><br>Miller Canfield Paddock & Stone<br>Jonathan P O'Brien<br>444 West Michigan Avenue<br>Kalamazoo ,MI 49007  |   |                            |  |   |
| <b>TITLE</b><br>Imidazolopyridines and methods of making and using the same   |   |                            |  |   |
| <b>FILING FEE<br/>RECEIVED<br/>2840</b>   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |